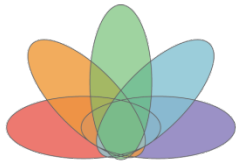


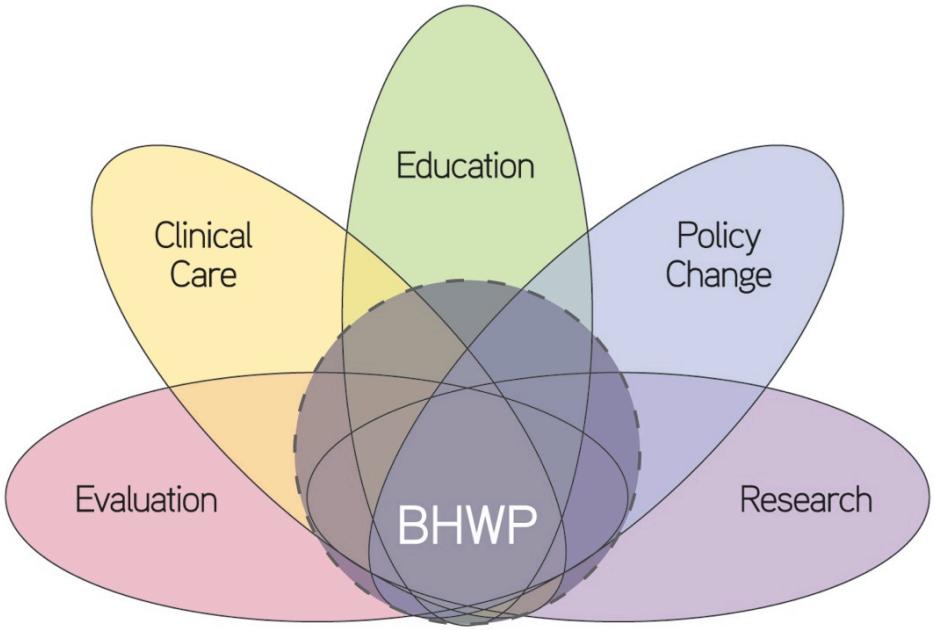
Behavioral Health & Wellness Program

SAMHSA PBHCI Western Region Learning Community Meeting February 8, 2013 Oakland, CA

Cynthia Wang Morris, Psy.D.
Clinical Director

School of Medicine
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

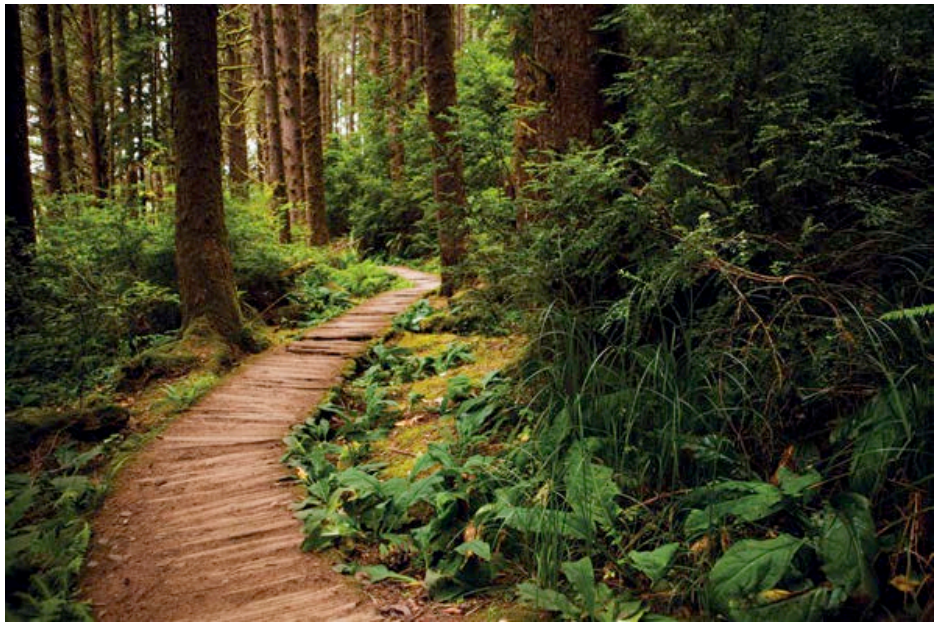
University of Colorado Anschutz Medical Campus



Behavioral Health and Wellness Program

© 2013 BHWP

A Wellness Philosophy



Leading a meaningful and fulfilling life through conscious and self-directed behaviors, focused upon living at one's fullest potential.

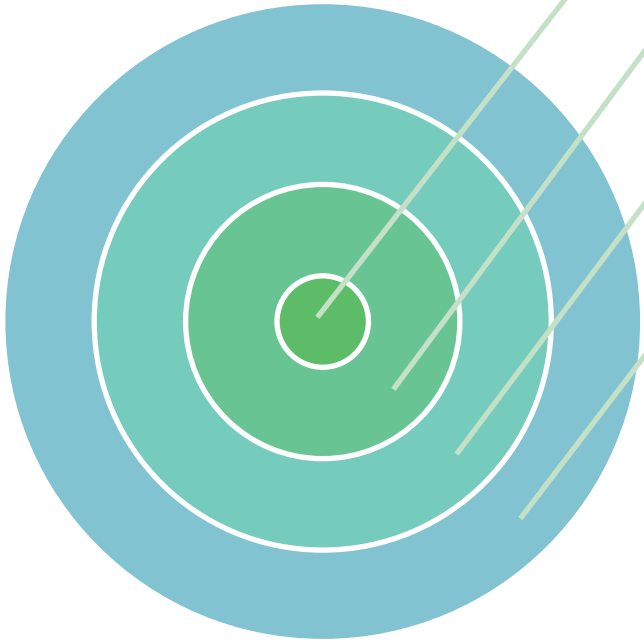
© 2013 BHWP

Tobacco Recovery – This is a Critical Issue

What is killing the majority of us is not infectious disease, but our chronic and modifiable behaviors.

© 2013 BHWP

Tobacco Recovery



Client Role:

recovery & peer support

Provider/Staff Role:

support & education

Organization Role:

philosophy, environment, & resources

Society Role:

laws and social norms

© 2013 BHWP

Tobacco Control Self-Assessment & Customized Report

- Assessment of current stage of readiness for each category
- Summary data allows grantees to compare their stage of readiness with grantees across the nation
- Recommendations provided by category with resources
- Potential multi-year assessment will provide progress over grant years for individual grantees and overall program
- Individual and summary reports provided to CIHS/ National Council to assist in assessing training needs

© 2013 BHWP

Stages of Change for Grantees

Stages of readiness to implement tobacco recovery services or policies	
Stage	Description
0. Precontemplation	A grantee may not be aware of, or may not be considering, various aspects of tobacco recovery treatment
1. Contemplation	A grantee may be aware of the need for tobacco recovery programming and policies, but may not possess the knowledge of how to address the individual areas of tobacco recovery treatment and policy
2. Preparation	A grantee is aware of the need for tobacco recovery programming and policies and is taking steps to put these into place at their facilities
3. Action	A grantee is ready to implement programming and policies over the next three months
4. Maintenance	A grantee has implemented programming and policies, and the grantee is continuing to refine and improve their site's commitment to tobacco recovery

© 2013 BHWP

Comprehensive Approach

A multi-pronged approach to tobacco cessation

Perspectives:

- Education & Support
- Screening & Treatment
- Tobacco-Free Policy
- Sustainability
- Monitoring Outcomes

Interventions:

- Psychosocial Services
- Community Referrals
- Peer Services
- Onsite NRT & other medications

© 2013 BHWP

Comprehensive Approach

A multi-pronged approach to tobacco cessation

- Screening & Treatment

  5 A's, why to use them, how to use them, treatment goals

- Psychosocial Services

  Individual services, groups, and motivational interventions

- Community Referrals

  Referral to quitline, referral for NRT/medications, referrals for support services

© 2013 BHWP

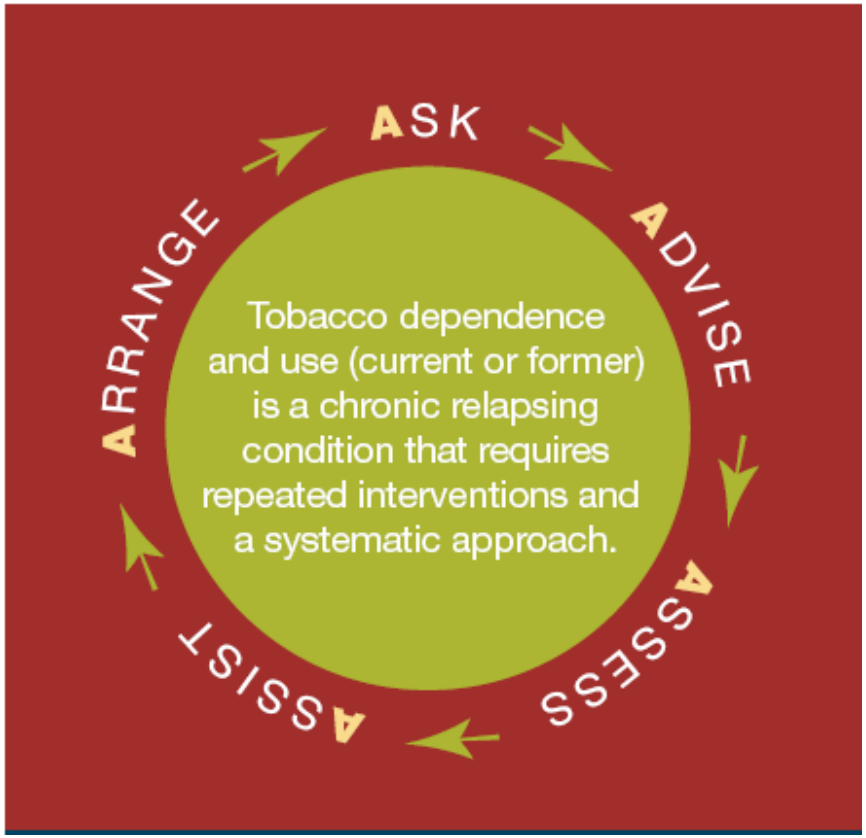
Comprehensive Approach

Screening & Treatment

- Ask about tobacco use at intake
- Ask about tobacco use at every provider visit
- Advise tobacco users to quit
- Include tobacco cessation goals in treatment plan

© 2013 BHWP

Screening & Treatment: 5 A's

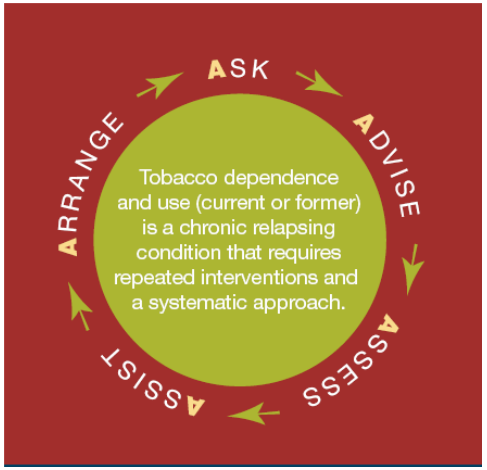


© 2013 BHWP

Screening & Treatment: 5 A's

ASK all individuals about tobacco use

- "Do you, or does anyone in your household, use any type of tobacco?"
- "How many times have you tried to quit?"
- Explore smoking history

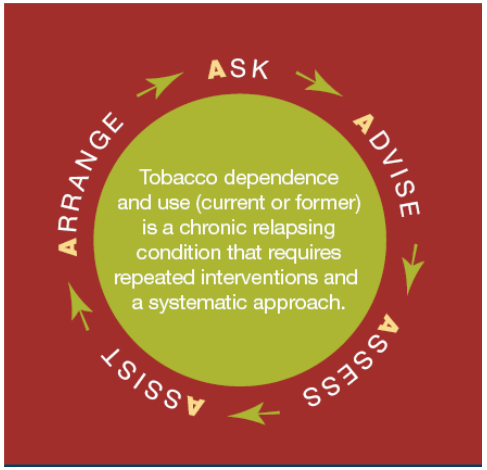


© 2013 BHWP

Screening & Treatment: 5 A's

ADVISE people who use tobacco to quit

- Provide a clear, personalized and non-judgmental message about the health benefits of quitting tobacco
  - What would motivate the person to quit?

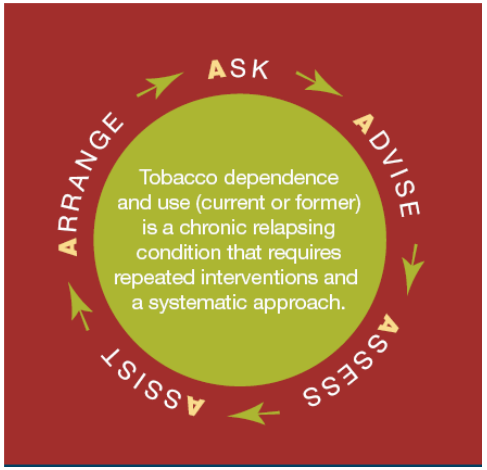


© 2013 BHWP

Screening & Treatment: 5 A's

ASSESS readiness to quit

- "How do you feel about your smoking?"
- "Have you considered quitting?"
- Explore barriers to quitting
- Assess nicotine dependence
  - "How many cigarettes do you smoke a day?"
  - "How soon after you wake do you have your first cigarette?"

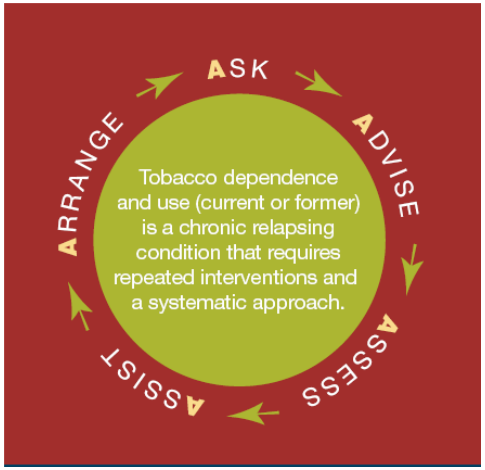


© 2013 BHWP

Screening & Treatment: 5 A's

ASSIST individuals interested in quitting

- Set a quit date or gradually cut down
- Discuss their concerns
- Encourage social support

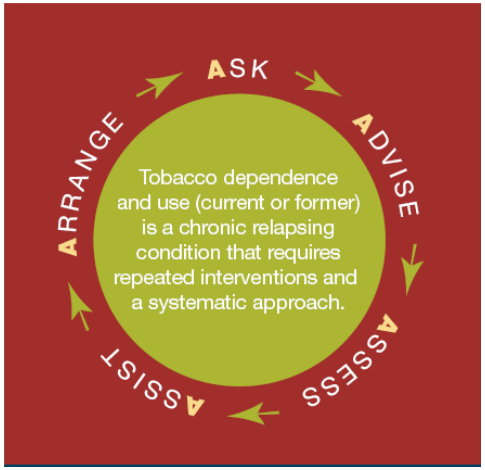


© 2013 BHWP

Screening & Treatment: 5 A's

ARRANGE follow-up visits to track progress

- Encourage individuals to join the Tobacco Recovery group
- Discuss ways to remove barriers
- Congratulate successes
- Encourage individuals to talk with their providers



© 2013 BHWP

Comprehensive Approach

Psychosocial Services

- Individual counseling
- Provider and peer-run groups
- Motivational interventions

© 2013 BHWP

Psychosocial Services: Individual Counseling

People are more likely to be successful in stopping their tobacco use, if:

- They get help through counseling and social support
- They PREPARE and PLAN for their quit attempt
- They change their behaviors related to tobacco use
- They learn new coping skills

© 2013 BHWP

Psychosocial Services: Groups

- Incorporate tobacco cessation information into existing groups
- Provider/peer-run tobacco recovery groups
  - Weekly six-session open group
  - Participants can join any time
  - Group sessions
    - Session A: Creating a Plan
    - Session B: Healthy Behaviors
    - Session C: The Truth about Tobacco
    - Session D: Changing Behaviors
    - Session E: Coping with Cravings
    - Session F: Maintaining Change

© 2013 BHWP

Psychosocial Services: Motivational Interventions

- Raise awareness through center in-services, lunch and learns, and trainings
- Post/distribute tobacco cessation information
- BHWP Motivational Intervention
  - Conduct 30-minute semi-structured interview
  - Work with individuals to increase their readiness for tobacco cessation
  - Provide brief, personalized feedback about their carbon monoxide levels and cost of smoking
  - Encourage individuals to set concrete and manageable goals
  - Discuss and list the supports they need to set a quit date and sustain their quit attempt

© 2013 BHWP

Comprehensive Approach

Community Referrals

- Referral to quitline
- Referral to offsite providers for NRT or other medications
- Referral to other agencies for support services

© 2013 BHWP

Community Resources: Referral to the Quitline

Quitline referrals are simple and easy for staff

- Advise and assist
- Quitlines resources can supplement your organization's efforts
- Contacting the quitline can be a treatment goal

© 2013 BHWP

Community Resources: Offsite Medication Referrals

Potential situations for offsite medication referrals

- Varenicline or bupropion prescribed and organization does not provide
- Combination NRT / different NRT
- Client has maximized your organization's allowance

© 2013 BHWP

Community Resources: Referrals to Other Agencies

Support your clients by knowing what is available

- Integrated healthcare makes this complicated
- Cessation websites/forums
- Local agencies
- Community resources

© 2013 BHWP

Workgroups

- Screening & Treatment

  Asking-intake, asking-every visit, advising & treatment goals

- Psychosocial Services

  Individual services, groups, and motivational interventions

- Community Referrals

  Referral to quitline, referral for NRT/medications, referrals for support services

© 2013 BHWP

Workgroups

Your task is to:

- Discuss your topic area, sharing your experiences and plans
- Brainstorm together on action plans for your organization
- Complete your SMART worksheet

© 2013 BHWP

SMART Goals

S Specific

M Measurable

A Attainable

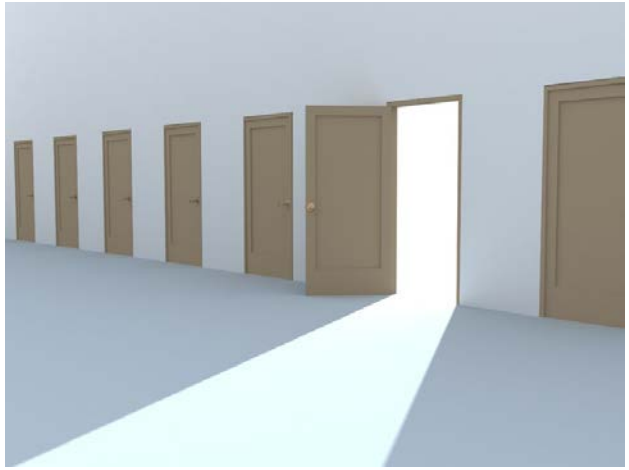
R Realistic

T Timely

© 2013 BHWP

Wrap-Up

- Workgroup goals
- Self-assessment report recommendations and resources
- Wellness committee focused on tobacco recovery
- Fellow grantees as resources
- Other suggestions?



© 2013 BHWP

Cynthia Wang Morris, Psy.D.

Behavioral Health &
Wellness Program

303.724.3716

bh.wellness@ucdenver.edu

www.bhwellness.org

Behavioral Health and Wellness Program

BHWP_UCD